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UNDER THE CHARGE OF

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HINTS ON DIETETICS.

SIR WILLIAM ROBERTS, who has devoted much attention to the subject of dietetics, has recently read before the Manchester Medical Society a communication on this subject.

He considers that the dietetic customs of civilized races suggest two distinct indications—one to subserve the needs of general nutrition, the other to subserve the needs of the higher functions of the brain and nervous system. It may be said that bread and other cereal articles, leguminous seeds, the various products of the dairy, fruits and vegetables, the harvest of the sea, and meat are designed to minister to the former purpose; and that tea, coffee, and the various forms of alcoholic beverages are designed to minister to the latter purpose. With this second group should also be classed tobacco; for, although tobacco cannot be regarded as a food, its use must be ranked with our dietetic customs. Strictly speaking meat, or at least some kinds of meat, should probably find a place in both categories, for it possesses certain stimulating properties which distinguish it from vegetable and dairy products. Tea and coffee and alcoholic beverages are sometimes branded as luxuries. What is a luxury? You cannot rightly class as luxuries—meaning thereby something that has no solid utility to the species —articles that are in general use among a successful and ascendant community. The very fact that they have attained this position is, to a naturalist, evidence sufficient that in some way or other the community as a whole, and in the long run, benefits by their use. The struggle for existence—or, rather, for a higher and better existence—among civilized men is almost exclusively a brain struggle; and these brain foods, as they have not inappropriately been termed, must be regarded as a very important part of the equipment for that struggle. One of the most characteristic features of our dietary is its variety or diversity. Not only are our several daily meals framed on a different plan, but the meals of one day differ more or less from the corresponding meals of another day. We may be quite sure that this diversity serves some useful end. In drawing up schemes of diet we are not, therefore, justified in neglecting this feature and in reducing the diet-list to a dead level of monotonous uniformity. A want of attention to this point leads us unwittingly to needlessly torment and worry our patients by placing unnecessary restrictions on their choice of food. Some of those commonly imposed are difficult to understand. Most of them probably derive their origin from some crude notions floating through the lay press and unconsciously lodged in the medical mind. Why, for example, should tea and coffee be so frequently forbidden without any evidence that they disagree with the patient? or why should the bland, innocuous, and easily-digested potato be so ruthlessly proscribed? Sometimes prohibition takes a wider sweep, and fruit and vegetables are included in one general condemnation, nor are the rules laid down always self-consistent.

A good rule is to say to the patient, "Do you like it?" "Does it agree with you?" If the answer is in the affirmative there is no intelligible reason why the use of that article should not be sanctioned. Such a rule is so plain and simple, and so obviously consonant with good sense that it might scarcely appear worth while, or even dignified, to make formal mention of it, were it not so well established in the experience of all that it is constantly violated. The patient's instinct represents an immense accumulation of experience, partly acquired and partly inherited. It is, of course, not infallible—no instinct is; but so close and true are the sympathies of the palate with the stomach and the rest of the organism that its dictates are entitled to the utmost deference as those of the rightful authority in the choice of food.

A change of diet may often be of advantage to the patient. A course of two or three weeks of vegetarian regimen occasionally proves most grateful, especially in the case of heavy feeders. Similarly, the total abstinence from alcoholic beverages is often highly salutary, and most of all for those whose daily potations are on a liberal scale. Slight variations in the diet are often of advantage; thus, changes from tea to coffee or cocoa, from one kind of alcoholic beverage to another, from one sort of bread to another.

A change in the times of the meals is sometimes of benefit. In some cases troublesome insomnia may be relieved by changing from mid-day dinner to late dinner or substantial supper. Such effects are merely temporary, and their benefits are exhausted within a month or so, and then a return to the old diet or a new change may be desirable. A point of practical importance is that when certain articles disagree, it is better to lessen the quantity than to forbid; if fruit or vegetables prove difficult of digestion, it is unwise to prohibit them altogether. The antiscorbutic properties of fruit and vegetables cannot be safely foregone, and a very small proportion suffices to fulfil this indication. As regards potatoes, people do, no doubt, stuff their stomachs with potatoes, which the organ finds it difficult to deal with. But many persons cannot enjoy, or scarcely eat, their dinners without potatoes, and to abstain from them is a great privation. Nor is this necessary: a reduced allowance will solve the difficulty perfectly. Then, some persons are abnormally sensitive to tea or coffee or alcoholic beverages, and suffer discomfort from the quantities usually taken. But abnormal sensitiveness is not a proof that the incriminated article is unserviceable, and a diminution of the quantity may prove a better remedy than total prohibition.

Finally, Dr. Roberts adverts to the necessity for revision of the diet to meet those changes in the type of nutrition which naturally takes place as the individual travels on from youth to age. In the normal course the palate and the appetite adjust themselves automatically to these altered conditions, and there is a lessened intake of food, but sometimes these adjustments lag behind, and the power of taking food remains unaltered, while the assimilative powers are on the wane. Then some form of nutritive disorder necessarily follows. In most of these cases, but not in all, there is a tendency to stoutness. There are indications of digestive difficulties and of engorgement of the abdominal organs, and signs of that vague condition termed latent or undeveloped gout. The early recognition of this condition is very important, for thereupon depends the prevention or postponement of degenerative processes which hereafter prove formidable. In this conjuncture the observant medical adviser may render invaluable services in detecting the maladjustment and in taking timely steps for its correction. The most obvious indication is to lessen the quantity of food, and where difficulty is found in controlling the actual amount of food taken, where the appetite is yet strong and the powers of gastric digestion are abnormally active, the less concentrated forms of food are here a useful resource—green vegetables, salads, and thin soups—which help to fill the aching void without adding materially to the albuminoid and fatty ingredients of the meal. Tea and coffee are also serviceable in allaying an unseasonable craving for food. A stiff cup of tea or coffee shortly before dinner certainly takes the edge off a troublesome appetite. It is, however, well to proceed cautiously in this direction, for the promptings of nature are not to be lightly set aside. The effects of a contracted diet should be carefully and patiently watched with an open mind for every sign or suggestion, whether of warning to retreat, or of encouragement to advance. In middle life particular attention should be paid to the quantity of alcoholic beverages; as a very general rule, the tolerance for these articles diminishes with advancing years, and it is necessary nearly always with persons who have used them freely to reduce their quantity when middle age is reached. In regulating the diet of substantially healthy persons, it is imperative to beware of hard-and-fast lines. Cases of this group are very diverse; scarcely any two are exactly alike, and their management is complicated often by social considerations which are difficult to justly estimate. We can only hope to avoid serious errors by a patient investigation of each particular case, and by bringing to bear upon it a full knowledge, combined with a large infusion of common sense.

These suggestions apply to cases where the patient is only troubled with some slighter ailment or indisposition which does not incapacitate him from taking his part in the world's work, nor necessitate any great deviation from his usual habits. In regard to the dietetic management of a case of fever, or of diabetes, or of gastric ulcer, or, indeed, of any of the more serious forms of sickness, medical men are of, in general, one opinion; but in persons in the main healthy, the advice tendered by different practitioners is apt to show a lamentable want of consonance, or even total contradiction.—*Therapeutic Gazette*, No. 1, 1891.

TREATMENT OF INTERNAL HÆMORRHAGE.

DR. JOHN FERGUSON has given a very good outline of some of the ways in which a practitioner may render aid to his patients in this emergency.

Among the remote ways of treating internal hæmorrhage are lowering the blood-pressure and changing the character of the blood itself. It is very apparent that the amount of blood that will flow through a rent in the wall of any vessel must be greatly influenced by the total amount of blood in the system and the amount of pressure upon the vessel from within. This being the case, the first step to take in dealing with a hæmorrhage is to cut off the supply of liquids. In this way the amount of blood is kept down, while it becomes thicker and better fitted for forming a good firm clot in the torn or ruptured vessel. Another step in the same direction is to reduce the volume of blood by actively eliminating water from the system. The hypodermic injection of pilocarpine rapidly unloads the body of water and inspissates the blood left behind, lessening thereby the freeness of the flow. This would not, however, be suitable in cases of pulmonary bleeding. Other diaphoretics might be selected, according to the judgment of the physician.

Those purgatives that produce copious watery stools, and at the same time are not irritating or depressing, must be placed high on the list of agents we may use for the relief of the sufferer entrusted to our charge. Of these purgatives there is none so good as Epsom salts. When given in saturated solution, without water, in free doses and often repeated, very free watery evacuations are produced, the amount of fluid in the vascular system is speedily lessened, and the hæmorrhage to this extent controlled. By maintaining this action for some time, the ruptured vessel has time to heal, because the pressure is largely taken off and it is put into the condition of rest. In addition to this the blood is thickened. In some cases of cholera—sporadic or epidemic—when the rice-water stools have been very abundant, the blood becomes so reduced in volume and so inspissated as not to flow from a wound made in a large vein. In the event of hæmorrhage due to ulceration in typhoid fever, this plan could not be had recourse to, though it might be used with advantage in the bleeding from a gastric ulcer. In the hæmorrhage, often so free, from soft and rapidly-growing uterine fibroids, it is specially useful if continued long enough—say for months.

In severe post-partum hæmorrhage the medical attendant may try ergotin hypodermically, or hot vaginal or rectal injections, but these may fail. It is a belief, not yet quite dead, that the uterine sinuses are closed by clots. This is quite erroneous. The uterine vessels and sinuses are interlaced by muscular fibres, and it is the contraction of these that arrests the hæmorrhage. This muscular tissue, as it were, ligates the vessels that would bleed, and, so long as the contraction is good, there is no danger. For the maintenance of this tonic action of the muscular tissue in the uterus the application of heat to the lumbar portion of the spine has been found very useful. It stimulates this portion of the nervous system by bringing more blood to it. There is a greater influx of nerve-energy to the uterus and contraction is brought about. It is true that the uterus seems to be very independent of the spinal cord, and labor may take place in a paraplegia. This does not, however, invalidate the fact that heat—applied to the spine by a sponge dipped into hot water—does much good in the way of rousing the uterus into action. But when all things fail, as a last resort we may tampon the uterus and vagina thoroughly with iodoform gauze, or, if this is not at hand, some cloths to which glycerin is added. The bleeding is soon arrested, the uterus begins to contract, tone in its walls is secured, and one can feel at ease that the patient is out of all immediate danger.

In capital operations, such as the removal of large and vascular tumors from the neck, the female breast, etc., the plan is simply to tie bands around the legs and arms close up to the body. This arrests the return of blood to the body, while the flow of blood into the limbs still goes on. By this means a very large amount of blood in the body is rapidly collected into the four extremities and the pressure is taken off the central vessels. This method gives time for the use of other means.—*New York Medical Record*, December 1, 1890.

A CASE OF SEVERE ACUTE ANÆMIA CURED BY SALT-WATER INJECTIONS INTO THE RECTUM.

In a case of enormous hæmorrhage during a severe long-continued labor, in which the placenta was too early detached, DRS. HERR and HAUSSMANN used the treatment advised a short time ago by Gill for preventing death by hæmorrhage.

Mrs. S., aged thirty-seven years, rhachitic in her youth, had at the time a contracted pelvis (true conjugate 8 to 9 cm.). Since 1882 she had five dead children, with very difficult labors.

At the beginning of the labor under discussion, severe hæmorrhage occurred, for which Dr. Heer was quickly summoned. Under the most difficult complications and continuous hæmorrhage, version and extraction were accomplished. This time also a dead child was delivered (impaction of head at promontory).

After the birth the mother's pulse was barely perceptible. In spite of repeated subcutaneous injections of camphor, ether, and internal stimulants, together with powerful massage of the uterus, over which considerable time was consumed, the patient sank into a complete anæmic, bloodless condition. The pulse was imperceptible, the superficial veins of the arm were empty and could not be distinguished. On this account and because there was no time to lose, neither transfusion or subcutaneous injection was practicable, but especially on account of the rapidity and ease of its administration the rectal injection of a solution of one-half per cent. lukewarm salt water was employed. About two quarts of the fluid were introduced, which was quickly absorbed. During the injection the patient's pelvis was raised.

Later a syncope occurred again with vomiting, pulse absolutely imperceptible, temperature subnormal. Therefore another salt-water injection was made into the rectum, which was retained. Soon after the radial pulse could be felt feebly. The following morning the general condition was improved, pulse somewhat stronger, 129 to 140 a minute, temperature 99.5° F. After the control of the anæmia the convalescence progressed rapidly.

So simple a life-saving method is at least worthy of a trial by clinical instructors and practitioners.—*Centralblatt f. Gesammte Therapie*, Heft v., 1890.

QUININE IN TYPHOID FEVER.

Many physicians still prescribe quinine in typhoid fever by giving 15 to 30 grains in four doses, to be taken during the day. In this manner no therapeutical result is obtained, because it is seldom that a reduction of temperature follows.

Although, according to DR. MANASSEIN'S observations, quinine is retained longer in the system of a fever patient than in health, it is a well-known fact that quinine begins to be eliminated by the kidneys after ten minutes, that after twelve hours the whole dose is secreted and eliminated, and that elimination is greatest after six hours from the time the drug is taken. Therefore, small doses cannot have any effect.

In typhoid fever it is advisable to give large doses at short intervals, viz., 20 to 30 grains in one hour. To overcome the pyrexia it is necessary to administer the drug six or eight hours before the rise of temperature, viz., 8 to 15 grains at ten o'clock and 15 grains at eleven o'clock in the morning.

DR. HUCHARD found the combination of quinine and antipyrine very useful in the following proportion: hydrobromate of quinine and antipyrine of each 75 grains; to be divided into ten doses, two doses to be taken during the day.—*Centralblatt f. Gesammte Therapie,* Heft v., 1890.

BORIC ACID IN CONSTIPATION.

HERR FLATAU has suggested to the Medical Society of Berlin the use of boric acid in chronic constipation. In cases where the lower part of the rectum protrudes through the anus, and remains visible after powerful contractions of the levator ani and sphincters, the quantity of forty-five grains of boric acid is either dusted or rubbed on the mucous membrane in sight. In cases in which the mucous membrane is not visible it must be insufflated. It is important that the medical attendant should carry out the procedure himself, at any rate at the commencement. The patient should then keep quiet for a time. In from an hour to three hours peristaltic action will be observed in the colon. He has never seen a failure from this method of treatment, nor has he seen a case where the patient got so accustomed to it that it ceased to be effective. On the contrary, if carried out systematically daily, permanent improvement in time takes place, and normal peristalsis is secured.—*Medical Press and Circular*, 1890.

CHLORAL-ANTIPYRINE.

Hydrate of chloral combines with antipyrine to form two definite compounds, one containing a molecule of chloral hydrate and one of antipyrine—monochloral hydrate; the other containing two molecules of chloral and one of antipyrine—bichloral antipyrine. PROFESSOR LEE has found that in their physiological action they are both like chloral, but differ from it in having a less depressing action upon the circulation.

In doses of thirty to forty-five grains they are comparable to chloral as hypnotics. Compared with sulphonal and chloralamide and chloralimide, the compounds of chloral and antipyrine are less certain in their hypnotic action.—*La Médecine Moderne*, No. 52, 1890.

CHRYSAROBIN IN PSORIASIS.

DR. UNNA recommends

Chrysarobin	5 parts.
Salicylic acid	2 "
Ichthyol	5 "
Vaseline	88 "

Made into an ointment and to be rubbed into the affected parts.—*Nouveaux Remèdes*, No. 23, 1890.

CAMPHORIC ACID IN CYSTITIS AND FOR THE NIGHT-SWEATS OF PHTHISIS.

Of a twenty per cent. solution of camphoric acid in alcohol	10 parts.
Water	400 "

To be used to wash out the bladder, twice a day.

It will stop the decomposition of the urine, but has no influence on the secretion of pus.

For the night-sweats of phthisis three doses of fifteen grains each may be taken during the day, or forty-five grains on retiring.—*Nouveaux Remèdes*, No. 23, 1890.

TREATMENT OF SCABIES WITH CREOLIN.

DR. DE LALLIS reports the use of creolin in scabies in the form of a five-per-cent. ointment, rubbing it once daily into the affected parts. Only four such applications are said to be necessary to produce perfect cure. Creolin, in his opinion, is preferable to any other remedy for this purpose, especially possessing the advantage over sulphur of not producing any eczema of the skin, and not staining either the skin or the linen.—*Therapeutic Gazette*, No. 1, 1891.

HYDRATE OF AMYL IN EPILEPSY.

As suggested by Wildermuth, **DR. UMPHENBACH** tried amylhydrate with seven patients who had suffered from epilepsy for many years. The ages of the patients were from twenty to fifty-five years, and the dose given was one drachm and a quarter to two drachms pro die.

Dr. Umphenbach has not observed particularly favorable results from its use.

Two patients who on an average had had nine and eleven attacks a month, had no attack while taking amylhydrate.

The third patient was helped by the remedy at the beginning. He passed the first month without any attack, while formerly he had had thirteen, but on further trial the remedy failed. The patient had as many or more attacks than before.

With the other four amylhydrate did not markedly affect the number of attacks. The remedy was well taken by the patients, but produced in nearly all of them a great tendency to sleep. Their appetite was unimpaired.

On the other hand the remedy had almost always the disadvantage that after its discontinuance sleep was disturbed for a long time, and patients who had formerly been quiet at night became restless. It happened in three cases that a number of days after suspending the use of the remedy the patients were confused even without having an epileptic attack.

Patients thus affected had suffered before, but it was evident that the confusion caused by suspending the use of amylhydrate lasted much longer. The confusion was also observed when the dose was gradually diminished.

It seems very remarkable that in several patients, who had had before only one or two attacks a day, had after suspending the remedy a series of attacks.

Among these was an imbecile fifty-five years old, who from his earliest youth had suffered from epilepsy, and who in recent years had an average of nine to ten attacks every month without any especial excitement or confusion. Under treatment with amylhydrate the number of attacks was diminished to eight a month. When the administration of the remedy was suspended nine attacks occurred daily during the next six days and the patient died during the last.

The autopsy indicated nothing special except a very marked hyperæmia of the brain.

It may be mentioned that in two patients who had been under treatment by amylhydrate the attacks remained less severe. These were patients who before had had pronounced epileptic convulsions.

The number of Dr. Umphenbach's experiments is small, but the result may suggest caution in the future administration of amylhydrate.—*Therapeutische Monatshefte*, Heft x., 1890.

HÆMORRHOIDS.

DR. W. R. THOMAS is very confident that the majority of cases of hæmorrhoids we meet with are entirely preventable, and that many of those which are far advanced can be cured by medical treatment alone, but it is necessary when treating them to give due consideration to all the causes and treat each one. Among the factors which have to do with the production of hæmorrhoids, and each one of which should be considered in the treatment, there are many. The valveless condition of the portal veins, gravitation, obstruction owing to hepatic disease, obstruction from hepatic, cardiac, or pulmonary disease, sedentary habits, excessive eating and drinking, excessive obesity, too frequent use of purgatives.

For successful treatment, the patient should have a daily movement of the bowels regularly. Sponging the anus and surrounding parts with soap and cold water, is a very efficient application, thus removing acrid fluids which, during the ensuing day, would irritate the skin. A larger proportion of vegetable diet, and a smaller proportion of meat. Cases of hæmorrhoids with constipation may sometimes be cured by attention to this alone. Sufficient exercise is of much importance. Some patients may obtain relief from a daily injection of as much water as can be retained for four or five minutes with comfort. Lukewarm water may be recommended at first, but as soon as the patients can bear it, cold may be ordered. Those who suffer from hæmorrhoids should, if possible, give up taking stimulants entirely.—*Lancet*, No. 5, 1891.